4220 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04192

CERTIFICATE OF DEATH

Reg. Dist. No. 27

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Fort GG Meade, Maryland
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Army Hospital 50

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 03X-2
STREET ADDRESS (If rural give location) 1 Chesley Avenue

3. NAME OF DECEASED: (Type or Print) (First) Samuel (Middle) N. (Last) Abramson
4. DATE OF DEATH: (Month) May (Day) 17 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: October 29, 1882
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Soldier
10b. KIND OF BUSINESS OR INDUSTRY: US Army
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Otto Abramson
14. MOTHER'S MAIDEN NAME: Mary Stephens
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Unk.
16. SOCIAL SECURITY No.: Unk.
17. INFORMANT & ADDRESS: Wife: Mrs. Gertrude Abramson, 1 Chesley Ave., Balto., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Ruptured dissecting aneurysm of abdominal aorta. DUE TO — Interval Between Onset And Death: 16 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Retroperitoneal hemorrhage, extensive. DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 03-5 ..., 19..., to 0400 ..., 19..., that I last saw the deceased alive on 17 May, 1954, and that death occurred at 0400, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Newell Reich 1st Lt MC USAH FGGM Md. 17 May 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5/20/54
NAME OF CEMETERY OR CREMATORY U. S. National Cemetery
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 17 May 1954
REGISTRAR'S SIGNATURE T.A.GORDON, CWO, USA
24. FUNERAL DIRECTOR ADDRESS WM. COOK, INC. BALTIMORE, MARYLAND

RECEIVED
MAY 21 1954
BUREAU V. S.

F Burial

4194

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 — CERTIFICATE OF DEATH

04193

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN: Annapolis Md. — LENGTH OF STAY (in this place): 10
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. General 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY aa
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis 10
STREET ADDRESS (If rural give location): 55 East St.

3. NAME OF DECEASED: (Type or Print) (First) Florence (Middle) M. (Last) Armstrong

4. DATE OF DEATH: (Month) 5 (Day) 3 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Apr-12-1872

9. AGE last birthday: 82 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: House work

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Mass

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James S. Millard

14. MOTHER'S MAIDEN NAME: Adeliva Begancan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs H. F. MacHugh Worthington Mass.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause (a)	Coronary Thrombosis	Sudden
DUE TO		
Antecedent causes (b)	Arteriosclerotic Heart Disease	Chronic
DUE TO		
(c)	Generalized arteriosclerosis	Years

Antecedent causes (s): Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1954, to May 3, 1954, that I last saw the deceased alive on 5-3, 1954, and that death occurred at 11 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): George C Buril M.D — ADDRESS: Annapolis Md — DATE SIGNED: 5-5-54

23. ~~BURIAL~~, CREMATION, ~~REMOVAL~~ (Specify) — DATE THEREOF: 4-6-54 — NAME OF CEMETERY OR CREMATORY: Ft Lincoln Cem — LOCATION (City, town, or county) (State): Prince George Co Md

DATE REC'D BY LOCAL REGISTRAR: May 6, 1954 — REGISTRAR'S SIGNATURE: W. A. French

24. FUNERAL DIRECTOR: John W. Layton Sons — ADDRESS: Annapolis Md

RECEIVED
MAY 10 1954
BUREAU V. S.

4221 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4194

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bay Head X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY AA
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bay Head X
STREET ADDRESS (If rural give location) R. F. D. 2 Annapolis Md

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) R. (Last) Bain

4. DATE OF DEATH: (Month) 5 (Day) 25 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Sept 9th 1880

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Retired Merchant.

10b. KIND OF BUSINESS OR INDUSTRY: Haberdashery

11. BIRTHPLACE (State or foreign country): New York State

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William J. Bain

14. MOTHER'S MAIDEN NAME: Rebecca Stewart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If yes, give war or dates of service) ?

16. SOCIAL SECURITY No.: 090-01-5252-A

17. INFORMANT & ADDRESS: H. Lennhoff Bay Head R. 7. D. 2 Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Infarction (DOA) — Interval Between Onset And Death: minutes

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension w Arteriosclerotic CVD — 5+ yr.

DUE TO

(c)

420.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb ,1953, to May 25, 1954, that I last saw the deceased alive on 9/9/, 1953, and that death occurred at 3 00 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank M Shipley M.D. ADDRESS Annapolis DATE SIGNED 5/26/54

23. ~~BURIAL~~, CREMATION, ~~REMOVAL~~ (Specify) — DATE THEREOF 5-26-54 — NAME OF CEMETERY OR CREMATORY Ft Lincoln — LOCATION (City, town, or county) (State) Pr. George Co Md

DATE REC'D BY LOCAL REGISTRAR May 26, 1954 — REGISTRAR'S SIGNATURE H. O. Council

24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md.

RECEIVED
MAY 27 1954
BUREAU V. S.

4195 04195

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis 10 | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewater R.F.D. 1 Box 34
STREET ADDRESS (If rural, give location) Annapolis Md

3. NAME OF DECEASED (Type or Print): (First) ANNA (Middle) Bookmiller (Last) BARTL.
4. DATE OF DEATH: (Month) MAY (Day) 14 (Year) 1954
5. SEX: F
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~ (Specify): W
8. DATE OF BIRTH: 3-23-1905
9. AGE last birthday: 49 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Asst Ex Officer U.S. Nav
10b. KIND OF BUSINESS OR INDUSTRY: Govt.
11. BIRTHPLACE (State or foreign country): Danville Penn
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Albert Bookmiller
14. MOTHER'S MAIDEN NAME: Alice Drumm Eva Walter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Alice Drumm Danville Penn.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture Skull - Basilar. — Sudden.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway | (CITY OR TOWN) | (COUNTY) A. Arc | (STATE) Md

TIME OF INJURY (Month) 5 (Day) 14 (Year) 54 (Hour) 8 a.m. | INJURY OCCURRED While at work ☐ Not while at work ☑ | HOW DID INJURY OCCUR? Auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Annapolis Md DATE SIGNED 5/16/54

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial | DATE THEREOF 5-18-54 | NAME OF CEMETERY OR CREMATORY Arlington National | LOCATION (City, county or town) Washington D.C. (State)

DATE REC'D BY LOCAL REG. May 15, 1954 | REGISTRAR'S SIGNATURE [signature] D. Bond

24. FUNERAL DIRECTOR W. W. Chambers Co ADDRESS Washington D.C.

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MAY 21 1954
BUREAU V. S.

Film#G167 Item# 8-6/25/54 emf

4222

04196

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessup
LENGTH OF STAY (in this place) sudden
HOSPITAL OR INSTITUTION OR STREET ADDRESS State Rt. #8-Intersection Rt. 175

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pennsylvania COUNTY Delaware
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Chester
STREET ADDRESS (If rural, give location) 1036 E. 18th Street

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
ANN	E.	BEARDSLEY	May 19 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	4-6-25	29 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Service Rep.	Penna. Bell Telephone Co	Philadelphia	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George P Eckenroth	Mary A. McGinley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No ----------	198- 12- 0133	3626 Valley Drive Mrs. Dorothy Felder Alexander, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Multiple traumatic injuries with compound	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO comminuted fracture of skull (b) DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY road	21c. (City or town) Jessup	(County) Anne Arundel	(State) Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY May 19, 12:20 P.M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? Car struck abutment of Waterloo-Jessup cutoff

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Paul F Guerin M. D. CHIEF MEDICAL EXAMINER ☒ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED May 20, 1954

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 24, 1954	Holy Cross Cemetery	Yeadon Penna.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 22, 1954	L. J. DeAlba	F.W.Singleton,	Glen Burnie, Md.

RECEIVED
MAY 24 1954
BUREAU V. S.

Film#G166 Item# 8,9 5/18/54 emf

4196 **MARYLAND STATE DEPARTMENT OF HEALTH**

2411 N. Charles Street, Baltimore

04197

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place) 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harundale, Glen Burnie P.O.
STREET ADDRESS (If rural, give location) 608 Binsted Rd

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) J. (Last) Berendes
4. DATE OF DEATH (Month) May (Day) 6, (Year) 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 11-13-1884
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rigger Foreman (Retired)
10b. KIND OF BUSINESS OR INDUSTRY Bethlehem Steel
11. BIRTHPLACE (State or foreign country) Alsaceran, Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 215-09-4884A
17. INFORMANT AND ADDRESS Mrs. Frank J. Berendes - 608 Binsted Harundale, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
541.1 Immediate cause	(a) Perforated Duodenal Ulcer	18 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary emphysema c̄ bleb	10 yr.
	(c) bilateral pneumothorax	2 wks.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 5/6/, 1954, to 5/6/, 1954, that I last saw the deceased alive on 5/6/, 1954, and that death occurred at 11:10 A.m., from the causes and on the date stated above.

SIGNATURE Frank M. Shipley (Degree or title) M.D. ADDRESS Annapolis DATE SIGNED 5/7/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 10, 1954
NAME OF CEMETERY OR CREMATORY Glen Haven
LOCATION (City, town, or county) Glen Burnie (State)
DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE Wm. J. Finch L. J. DeAlba mmb
24. FUNERAL DIRECTOR R. V. Singleton ADDRESS Glen Burnie, Md.

May 7, 1954

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 10 1954
BUREAU V[illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04198

4223 CERTIFICATE OF DEATH

Reg. Dist. No. 27

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort George G. Meade
LENGTH OF STAY (in this place) 3 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2101-1 U. S. ARMY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Colorado — COUNTY Morgan
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Morgan
STREET ADDRESS (If rural give location) 302 Grant St.

3. NAME OF DECEASED: (Type or Print) (First) Stephen (Middle) Graham (Last) Bilharz

4. DATE OF DEATH: (Month) May (Day) 7 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 4 May 1954

9. AGE last birthday: yrs. 3 — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): -

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Theodor Fredric Bilharz

14. MOTHER'S MAIDEN NAME: Mary Ann Graham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) - (If Yes, give war or dates of service) -

16. SOCIAL SECURITY No.: -

17. INFORMANT & ADDRESS: Mary G. Bilharz (Mother) 302 Grant Street, Fort Morgan, Colorado

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
760.0 Immediate cause	(a) Cerebral hemorrhage	3 Days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Congenital Atelectasis Cerebral anoxia	3 Days
	(c) Pneumonia, aspirational	3 Days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 May, 19 54, to 7 May, 19 54, that I last saw the deceased alive on 7 May, 19 54, and that death occurred at 2045 hours, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

HAROLD E. CAUDLE 1/Lt MC Fort George G. Meade, Md. 11 May 54

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation — **DATE THEREOF** 9 May 1954 — **NAME OF CEMETERY OR CREMATORY** Unknown — **LOCATION** (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REGISTRAR 11 May 1954 — **REGISTRAR'S SIGNATURE** T. A. GORDON C.O USA

24. FUNERAL DIRECTOR Wm. Cook Inc. — **ADDRESS** Baltimore, Md.

3054221406

RECEIVED
MAY 14 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04199

4197

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shadyside
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Lena (Middle) (Last) Bing

4. DATE OF DEATH: (Month) May (Day) 28 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Sept 20, 1882

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: John A. Bing, Shadyside Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral accident DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension and arteriosclerosis DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 14, 1954, to May 28, 1954, that I last saw the deceased alive on May 27, 1954, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Emily H. Wilson, M.D. ADDRESS Lothian, Md. DATE SIGNED 5-28-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 30, 1954
NAME OF CEMETERY OR CREMATORY Woodfield
LOCATION (City, town, or county) (State) Galesville

DATE REC'D BY LOCAL REGISTRAR May 30, 1954
REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR T.A. Hardesty & Son, Galesville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JUN 4
BUREAU V. S.

4224 **MARYLAND STATE DEPARTMENT OF HEALTH** 04200

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 25

1. PLACE OF DEATH: COUNTY A.A. Co MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BROOKLYN; LENGTH OF STAY (in this place) 10 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BROOKLYN
HOSPITAL OR INSTITUTION OR STREET ADDRESS 413 Hillcrest Ave	STREET ADDRESS (If rural give location) 413 Hillcrest Ave

3. NAME OF DECEASED (Type or Print) (First) NORA (Middle) A. (Last) BOEHLEIN

4. DATE OF DEATH (Month) May (Day) 1 (Year) 1954

5. SEX FEMALE | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow | 8. DATE OF BIRTH JANY, 1897 | 9. AGE last birthday 57 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W. | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Balto Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Thomas Ray | 14. MOTHER'S MAIDEN NAME Maggie Benson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. NONE | 17. INFORMANT Dorish Smith Daughter 413 Hillcrest Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

170X

Immediate cause (a) Carcinoma of left breast c

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Metastases

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1940, to May 1, 1954, that I last saw the deceased alive on May 1, 1954, and that death occurred at 10 P. m., from the causes and on the date stated above.

SIGNATURE H. P. Friedman (Degree or title) M.D. | ADDRESS 1319 Light St. | DATE SIGNED May 2, 1954

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL | DATE THEREOF MAY 5 1954 | NAME OF CEMETERY OR CREMATORY U.S. National Cem | LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. 5-3-54 | REGISTRAR'S SIGNATURE A W Hedrick | 24. FUNERAL DIRECTOR Robt C & B.M. Walters | ADDRESS Pratt & Stricker Sts

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15

4225 MARYLAND STATE DEPARTMENT OF HEALTH 04201

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harwood
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harwood, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harwood
STREET ADDRESS (If rural, give location) Harwood Post Office

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
ROBERT	S	BRADY	May 14, 1954 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	July 9 1884	69 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Tobacco	Bristol, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Brady	Martha Chaney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
----	----	Mrs. Ida C. Brady Wife same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) H.D.D. Cornory Disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ----	(CITY OR TOWN) ----	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
May 14, 54 6:30p.m.		Natural causes

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) M.D. ADDRESS [signature] DATE SIGNED 5/15/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 17, 54	Mt Zion Cemetery	Mt. Zion, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 17, 1954	[signature]	Ben L. Hopping and Son	Annapolis, Md.

VS. A15A

REC
JUN 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04202

4226 CERTIFICATE OF DEATH Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Green Haven
LENGTH OF STAY (in this place) 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Green Haven
STREET ADDRESS (If rural give location) 29th Street

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) CATHERINE (Last) BUCHANAN

4. DATE OF DEATH: (Month) May (Day) 22 (Year) 19 54

5. SEX: F

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept. 9 1885

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): St. Mary's County Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Talbot Wallace

14. MOTHER'S MAIDEN NAME: Cornelia Redmond

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) # No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: No

17. INFORMANT & ADDRESS: Green Haven, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: 1 week

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Coronary Sclerosis — 2 years

DUE TO

(c) Arteriosclerotic Cardio Vascular Disease — 7 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1952, to May 22, 1954, that I last saw the deceased alive on May 21, 1954, and that death occurred at 5:30 A.M.; from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. Brady Smith M.D. Riviera Beach, Md. 5/22/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 5/25/54 NAME OF CEMETERY OR CREMATORY Parkwood LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REGISTRAR May 25, 1954 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR J. P. Singleton ADDRESS Glen Burnie Md.

VS. A15

RECEIVED
MAY 28 1954
BUREAU V. S.

4198 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04204

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis 1 | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A.A. General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Shadyside
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Rachel (Middle) E (Last) Coates

4. DATE OF DEATH: (Month) 5 (Day) 15 (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M. | 8. DATE OF BIRTH: 7-20-1887 | 9. AGE last birthday: 66 yrs. | IF UNDER 1 YEAR Months 8 Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Churchton, Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Brown | 14. MOTHER'S MAIDEN NAME: Mary Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY No.: — | 17. INFORMANT & ADDRESS: Chesterfield Coates - Shadyside, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH (Infarction)

Immediate cause (a) Cerebral Vascular Accident — Interval Between Onset And Death: 6 wks.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerosis — ?

DUE TO (c) —

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: — | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) — (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 4/1/1954 to 5/15/1954 that I last saw the deceased alive on 5/15/1954, and that death occurred at 4:45 pm from the causes and on the date stated above.

SIGNATURE Frank M. Shipley (Degree or title) M.D. ADDRESS Annapolis, Md. DATE SIGNED 5/17/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 5-18-54 | NAME OF CEMETERY OR CREMATORY St. Matthews | LOCATION (City, town, or county) Shadyside, Md. (State)

DATE REC'D BY LOCAL REGISTRAR May 18, 1954 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR William Reese, II - 108 N. Washington St. Annapolis, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 21 1954
BUREAU V. S.

Item 9 film G166 6/2/54 cm 4199

04205

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington, D. C.
STREET ADDRESS (If rural, give location) 1717 R Street, N.W.

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) A. (Last) CONNOLLY

4. DATE OF DEATH (Month) May (Day) 5 (Year) 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White		Oct 1, 1891	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Salesman	Construction	Waltham, Mass	U. S.

13. FATHER'S NAME: Patrick Connolly
14. MOTHER'S MAIDEN NAME: Mary Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes W.W. I	7	Wm. A. Connolly - 1403 Roosevelt St. Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Crushed chest	
DUE TO			
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	Rupture of pulmonary artery	
	(c)	Massive bilateral hemathorax	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)
	street	Anne Arundel Co. Maryland

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
5/5/54 4:00 P.M.		Automobile went between bus and truck

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE William Howard M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED May 6, 1954

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/10/54	Arlington National Cem.	Arlington Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
	A. W. Hedrick	W. B. Frank Hines	Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A - 5 - 53

Item 9: film G166 5-24-54 L

MARYLAND STATE DEPARTMENT OF HEALTH

04206

4227

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information called for. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Anne Arundel — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Galesville — LENGTH OF STAY (In this place): X — HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland. COUNTY: Anne Arundel — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Galesville. — STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) SARA (Middle) (Last) Crowner.

4. DATE OF DEATH: (Month) May (Day) 1 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Negro.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed.

8. DATE OF BIRTH: 10-9-86

9. AGE last birthday: 67 68 yrs. — If under 1 year: Months — If under 24 hrs.: Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Oyster Shucker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME: Charles Crowner

14. MOTHER'S MAIDEN NAME: Eliza White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 213-05-0012

17. INFORMANT AND ADDRESS: Irene Crowner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic C.V. disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN): (COUNTY): (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE: Bowie Linn Grant (Degree or title) M.D. ADDRESS: Shadyside, Md. DATE SIGNED: 5.15.54.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 5/15/54 — NAME OF CEMETERY OR CREMATORY: Galesville Ebenezer — LOCATION (City, town, or county): Galesville — (State): Md

DATE REC'D BY LOCAL REG. 5/14/54 — REGISTRAR'S SIGNATURE: Edwin Hall Williams

24. FUNERAL DIRECTOR: T. A. Hardesty & Son — ADDRESS:

RECEIVED
MAY 7 1954
BUREAU V. S.

Busco

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04207

4228

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arnold
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY aa
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arnold
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Mahar (Last) Daly
4. DATE OF DEATH: (Month) 5 (Day) 12 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 3-25-54
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 1 Days 17 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Annapolis Md.
12. CITIZEN OF WHAT COUNTRY? N.S.A.
13. FATHER'S NAME: Robert W. Daly
14. MOTHER'S MAIDEN NAME: Mary Kennedy
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Robert W. Daly Arnold Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia - due to cause
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) undetermined
DUE TO
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour)
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/15, 1954, to 5/12, 1954, that I last saw the deceased alive on 5/3, 1954, and that death occurred at 7:30 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) Philip Prisick M.D.
ADDRESS 95 Cathedral St
DATE SIGNED May 13 1954

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF 5-13-54
NAME OF CEMETERY OR CREMATORY Naval Academy Cemt
LOCATION (City, town, or county) Annapolis (State) Md
DATE REC'D BY LOCAL REGISTRAR May 13, 1954
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR John M. Layler Sons
ADDRESS Annapolis Md.

2034354374

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 17 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04208

4200 CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WHITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place) 151 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: Anne
STATE Maryland — COUNTY Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural give location) 49 Larkin Street

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Lena (Last) DAVIS

4. DATE OF DEATH: (Month) May (Day) 22 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 29, 1896

9. AGE last birthday: 57 yrs.
IF UNDER 1 YEAR: Months ... Days ...
IF UNDER 24 HRS.: Hours ... Min. ...

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Kitchen-Aide

10b. KIND OF BUSINESS OR INDUSTRY: Restaurant

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ~~UNKNOWN~~ Andrew Lawson

14. MOTHER'S MAIDEN NAME: Matilda PETTY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: UNKNOWN

17. INFORMANT & ADDRESS: Hospital Records, USNH, Annapolis, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
Immediate cause	(a) CEREBRAL HEMORRHAGE	331	5 months
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO ARTERIOSCLEROTIC HYPERTENSIVE VASCULAR DISEASE	447	5 years
	(c) DUE TO		

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 Dec, 19 53, to 22 May, 19 54, that I last saw the deceased alive on 22 May, 19 54, and that death occurred at 1:55 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J.T. EGAN Jr.	LCDR MC USN	U.S. Naval Hospital, Annapolis, Md.	5-22-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 5-26-54 | NAME OF CEMETERY OR CREMATORY St. Anns | LOCATION (City, town, or county) Annapolis, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 5-25-54 | REGISTRAR'S SIGNATURE [illegible] Deputy

24. FUNERAL DIRECTOR William Reese, II | ADDRESS 82 N. Washington St. Annapolis, Md.

04209

STATE DEPARTMETT OF HEALTH

MARYLAND

Item 3 film G166 5/27/54 cm
& 13

4229

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH
COUNTY ANNE ARUNDEL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LINTHICUM HEIGHTS
MARYLAND
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS VIY N. HAMMONDS FERRY R.D.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MD. COUNTY ANNE ARUNDEL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN VIY N. HAMMONDS FERRY RD.
STREET ADDRESS (If rural, give location) LINTHICUM HEIGHTS

3. NAME OF DECEASED (Type or Print) (First) MICHAEL (Middle) (Last) DOOLEY

4. DATE OF DEATH (Month) MAY (Day) 14 (Year) 1954

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH JULY 5, 1871

9. AGE last birthday 82 yrs.

If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER-RET.

10b. KIND OF BUSINESS OR INDUSTRY SELF

11. BIRTHPLACE (State or foreign country) IRELAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME PATRICK Dooley

14. MOTHER'S MAIDEN NAME ROSE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Mrs. Annie Dooley - VIY N. Hammonds Ferry Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio-Vascular Disease — Interval between onset and death: 3 mos.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arterio-sclerosis — 5 yrs.

(c) .....

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Ja ....., 1954 to 5/14 ....., 1954, that I last saw the deceased alive on 5/14 ....., 1954, and that death occurred at 6:10 p.m., from the causes and on the date stated above.

SIGNATURE Chas. L. Ball Jr. (Degree or title) ADDRESS Linthicum DATE SIGNED 5/15/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 5-18-54 — NAME OF CEMETERY OR CREMATORY Catholic Cem. — LOCATION (City, town, or county) Balto. (State) Md.

DATE REC'D BY LOCAL REG. May 19, 1954 — REGISTRAR'S SIGNATURE [signature] — 24. FUNERAL DIRECTOR George A. Farley — ADDRESS Catonsville, Md.

MARGIN RESERVED FOR BINDING

4201

04210
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A16A - 5 - 53

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 301 Chespeake Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Anne Arundel
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural, give location): 301 Chespeake Ave

3. NAME OF DECEASED: (Type or Print) (First) EUGENE (Middle) (Last) DOVE

4. DATE OF DEATH (Month) MAY (Day) 29, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 9, 1883

9. AGE last birthday: 71 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Building construction

11. BIRTHPLACE (State or foreign country): Anne Arundel County

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamin F Dove

14. MOTHER'S MAIDEN NAME: Mary Alice Humphreys

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: 214-05-2211

17. INFORMANT & ADDRESS: Mrs Rosalie Watson Dove- Wife- same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Myocarditis- ~~acute~~ Chronic	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)		
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Chronic ~~acute~~ alcoholism

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY: ——

21c. (City or town) Annapolis (County) Anne Arundel (State) Maryland

21d. TIME OF INJURY (Month) (Day) (Year) 5-29-54 (Hour) 1 A.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Natural causes

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: Elmer G. Linhardt, M.D. Annapolis, Md. M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED: May 29, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 6-1-54
NAME OF CEMETERY OR CREMATORY: Hillcrest Memorial Cemetery
LOCATION (City, town, or county) (State): Annapolis, Maryland

DATE REC'D BY LOCAL REG.: June 1, 1954
REGISTRAR'S SIGNATURE:
24. FUNERAL DIRECTOR: Ben L. Hopping and Son
ADDRESS: Annapolis, Md.

JUN 4 19
BUREAU V. S.

2

4202

04211

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural, give location): 250 West Street

3. NAME OF DECEASED (Type or Print): (First) SUSIE (Middle) VIRGINIA (Last) DOVE

4. DATE OF DEATH: (Month) May 25, (Day) 1954 (Year) 19

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 22, 1878
9. AGE last birthday: 75 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Anne Arundel County, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harry L. Brown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ---- (If year, give war or dates of service) ----
16. SOCIAL SECURITY NO. ------
17. INFORMANT AND ADDRESS: Mrs Doris D. O'Cain - Daughter- same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443 X

Immediate cause (a) Myocarditis Chr. with Myocardial — Several years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Insufficiency

(c) Hypertensive Vascular Disease — Several years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1954, to May 25, 1954, that I last saw the deceased alive on May 25, 1954, and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE: Gerald C. Basil (Degree or title) M.D. ADDRESS: Annapolis Md. DATE SIGNED: 5-27-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: May 28, 1954
NAME OF CEMETERY OR CREMATORY: Cedar Bluff Cemetery
LOCATION (City, town, or county) (State): Annapolis, Maryland

DATE REC'D BY LOCAL REG.: May 28, 1954
REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Ben L. Hopping and Son — ADDRESS: Annapolis, Md.

RECEIVED
JUN 1 1954
BUREAU V. S.

Item 18 Film G166 6-4-54 ams

04214

MARYLAND 4204

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 310 West Street

3. NAME OF DECEASED (Type or Print) (First) ANNIE (Middle) FINE (Last)

4. DATE OF DEATH (Month) MAY 21, (Day) 1954 (Year) 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Unknown
9. AGE last birthday about 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Russia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME (Unknown) Yarnith
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) --- (If year, give war or dates of service) ------
16. SOCIAL SECURITY NO. -----
17. INFORMANT AND ADDRESS Mr. Louis T. Fine Son same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) arteriosklerotic heart disease

Antecedent cause(s) Part II

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) acute fracture of pelvis, gen. arteriosk. 6 years

(c) marked senile osteoporosis with collapse of 5 lower vertebrae 2 days

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-19, 1954, to 5-21, 1954, that I last saw the deceased alive on 5-21, 1954, and that death occurred at 2:40 P m., from the causes and on the date stated above.

SIGNATURE Edith Roeller (Degree or title) M.D. ADDRESS 45 Franklin St Annapolis Md. DATE SIGNED 5-23-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE May 23, 1954
NAME OF CEMETERY OR CREMATORY Kenesetb Israel Cemetery
LOCATION (City, town, or county) (State) Annapolis, Maryland

DATE REC'D BY LOCAL REG. May 23, 1954
REGISTRAR'S SIGNATURE [signature] French
24. FUNERAL DIRECTOR Ben L Hopping and Son
ADDRESS Annapolis, Maryland

MARGIN RESERVED FOR BINDING

MAY 3 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4203

CERTIFICATE OF DEATH

04212

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:

COUNTY A.A. MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Annapolis | LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS A.A. General

2 USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY A.A.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ivory Farms

STREET ADDRESS (If rural give location) R.F.D. 4 Annapolis, Md

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
HENRY	RICHARD	DUDEN III	May	29	1954

5. SEX:	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE Last birthday: yrs.	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS: Hours	Min.
Male	White	Single	May 26 1954			3		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired:	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
None	None	Annapolis	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Henry Richard Duden	Jean Kemp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	If Yes, give war or dates of service	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
—	—	—	Henry Richard Duden III

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Congenital Heart Disease	Birth
Antecedent causes (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Coarctation of Aorta	
	DUE TO (c) Interventricular Septal Defect	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 26, 1954, to May 29, 1954, that I last saw the deceased alive on May 29, 1954, and that death occurred at 3:25 PM, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Philip Myrick	M.D.	95 Catherine St	May 31 54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 31-54	Ft Lincoln Cemetery	Prince George Co. Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 31, 1954	[signature]	John M. Taylor & Sons	Annapolis Md.

2054333404

VS. A15

RECEIVED
JUN 4 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04213

CERTIFICATE OF DEATH

4.30

Reg. Dist. No. 1

1. PLACE OF DEATH:
COUNTY a. a. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severn X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Monard Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY a. a.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severn
STREET ADDRESS (If rural, give location) Monard Ave.

3. NAME OF DECEASED: (Type or Print) (First) Furman (Middle) C. (Last) Faunce
4. DATE OF DEATH: (Month) May (Day) 8th (Year) 1954 12:30

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): Married
8. DATE OF BIRTH: 11/16/1888
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cutter
10b. KIND OF BUSINESS OR INDUSTRY: Glass
11. BIRTHPLACE (State or foreign country): Woodbury N. J.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Faunce
14. MOTHER'S MAIDEN NAME: Sallie Watson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes ✓ (If Yes, give war or dates of service) W. W. #1
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Monard Ave. Sofie Faunce Severn Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 331X

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Accident	5 days
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Generalized Arteriosclerosis	10 years
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1946, to May 8, 1954, that I last saw the deceased alive on May 3, 1954, and that death occurred at 12:30 P.m., from the causes and on the date stated above.

SIGNATURE Edward G. Merritt (DEGREE OR TITLE) M. D. ADDRESS Cambrilly Md DATE SIGNED May 10, 54

23. BURIAL, ~~CREMATION REMOVAL (Specify)~~: Burial
DATE THEREOF 5/11/54
NAME OF CEMETERY ~~OR CREMATORY~~ Glen Haven
LOCATION (City, town, or county) (State) A. A. Co. Md.

DATE REC'D BY LOCAL REG. 5/10/54
REGISTRAR'S SIGNATURE A. W. Hedrick ✓
24. FUNERAL DIRECTOR Wm Cook Inc. 1217 St. Paul st ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04215

4205

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bowie Ave X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
STREET ADDRESS (If rural give location) Bowie Ave.

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) N. (Last) Forrester

4. DATE OF DEATH: (Month) 5 (Day) 23 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.
8. DATE OF BIRTH: 7-5-1875
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Farmer
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Forrester
14. MOTHER'S MAIDEN NAME: Elsie Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Rebecca Forrester - Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis
DUE TO
(c)

Interval Between Onset And Death: 10 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 13, 1954, to May 23, 1954, that I last saw the deceased alive on May 23, 1954, and that death occurred at 4:20 P.M., from the causes and on the date stated above.

SIGNATURE R. L. Richardson (Degree or title) M.D. ADDRESS Annapolis, Md. DATE SIGNED 5/25/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5-27-54
NAME OF CEMETERY OR CREMATORY Chews Chapel
LOCATION (City, town, or county) (State) Owensville, Md.

DATE REC'D BY LOCAL REGISTRAR May 27, 1954
REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR William Reese, II-108 N. Washington St. Annapolis, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 28 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04216

4231 CERTIFICATE OF DEATH Reg. Dist. No. 22

1. PLACE OF DEATH:
COUNTY Anne Arundel | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Laurel, Md. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS District Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Laurel, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) CLIFTON (Middle) FRANCIS (Last) GRAY

4. DATE OF DEATH: (Month) May (Day) 25 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 6, 1920

9. AGE last birthday: 34 yrs. IF UNDER 1 YEAR Month Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Inmate

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Clifton Francis Gray

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: DTS records, Laurel, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
Immediate cause	(a)	Ventricular fibrillation and cardiac failure	10 min.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Lobar pneumonia	28½ hrs.
	DUE TO (c)	Generalized debility	3 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral encephapathy; Amentia; Mongolism

19a. DATE OF OPERATION: 6 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-1 ,1953, to 5-25, 1954, that I last saw the deceased alive on 5-25, 1954, and that death occurred at 1:30 p.m.; from the causes and on the date stated above.

SIGNATURE (Degree or title) Ben H. McConnell, M.D. | ADDRESS Laurel, Md. | DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 5-26-54 | NAME OF CEMETERY OR CREMATORY District Training School | LOCATION (City, town, or county) (State) Anne Arundel Co. Md.

DATE REC'D BY LOCAL REGISTRAR May 25 | REGISTRAR'S SIGNATURE Clara Haslup | 24. FUNERAL DIRECTOR De Witt Davidson | ADDRESS Laurel, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

4232

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04217
Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 24

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sunrise Beach (Harold Harbor)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sunrise Beach

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 110 E. Susquehanna Avenue

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
RONALD	T	GREVELL	May	2	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	June 26, 1933	20 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
School boy	At Home	Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Joseph T. Grevell	Johanna Ray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
US Navy, 1951-1954	212-03-9225	Mrs. J.T.Grevell, 110E.Susquehanna Ave.,Towson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Drowning — DUE TO	Instant
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
May 2 54 P.M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED May 3 54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 5,1954	Mt. Maria Cemetery	Towson, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 6,1954	L J D'Alba	John Burns' Sons, Towson, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MAY 7
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04218

4233 CERTIFICATE OF DEATH Reg. Dist. No. 7

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information correctly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Ann Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Meade Md
LENGTH OF STAY (in this place) 26 hrs. 35 Min
HOSPITAL OR INSTITUTION OR STREET ADDRESS USAH. Ft Meade Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE North Carolina COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kenly
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Steve (Middle) Peter (Last) Hodge

4. DATE OF DEATH: (Month) May (Day) 29 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: 28 May 1954

9. AGE Last birthday: — yrs. IF UNDER 1 YEAR Months — Days 1 IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: W. R. Hodge, Jr.

14. MOTHER'S MAIDEN NAME: Anna M. Bleicher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Father: W. R. Hodge, Jr. 804 Sig. Depot, Fort Holabird, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral and generalized anoxemia — Interval Between Onset And Death: 24 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Massive hemorrhage from umbilical cord — 24 hrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 May, 1954, to 29 May, 1954, that I last saw the deceased alive on 29 May, 1954, and that death occurred at 1545 hrs, from the causes and on the date stated above.

SIGNATURE (Degree or title) M. D. ADDRESS USAH Ft. Geo. G. Meade, Md. DATE SIGNED 29 May 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 2 June 1954 NAME OF CEMETERY OR CREMATORY Post Cemetery LOCATION (City, town, or county) Fort George G. Meade, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR 2 June 1954 REGISTRAR'S SIGNATURE T. A. Gordon, CWO USA

24. FUNERAL DIRECTOR Chaplain Ritter ADDRESS

VS. A15

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REC'D
JUN 3
BUREAU V. S.

4234

04219

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patapsco Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 300 Berlin Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patapsco Park
STREET ADDRESS (If rural, give location) 300 Berlin Ave.

3. NAME OF DECEASED (Type or Print) (First) Blanch (Middle) S. (Last) Humphrey
4. DATE OF DEATH (Month) May (Day) 30 (Year) 1954

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH April 25, 1889
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamtress
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Gray
14. MOTHER'S MAIDEN NAME Margaret Brooks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs. Marie S. Lyons 300 Berlin Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Cervix — INTERVAL BETWEEN ONSET AND DEATH 5 mo.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-2-, 1954 to 5-30-, 1954, that I last saw the deceased alive on 5-29-, 1954, and that death occurred at 5:30A m., from the causes and on the date stated above.

SIGNATURE Jerry C. Luck, M.D. (Degree or title) ADDRESS 427 Swale Ave. DATE SIGNED 5-30-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6-3-54
NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem
LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. 6-2-54
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Mrs Frances A Hemsley
ADDRESS W. Bidd 18 578

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04220

4235 CERTIFICATE OF DEATH Reg. Dist. No. 28

1 PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Millersville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Millersville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) F. (Middle) Harrison (Last) Johnson
4. DATE OF DEATH: (Month) 5 (Day) 4 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M.
8. DATE OF BIRTH: 2-6-1883
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Plaster
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Rutland, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Johnson
14. MOTHER'S MAIDEN NAME: Louise Johnson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4170 (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Maude L. Johnson - Millersville, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Accident — Interval Between Onset And Death: 2 days

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized Arterio-sclerosis — 5 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour)
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1954, to May 4, 1954, that I last saw the deceased alive on May 3, 1954, and that death occurred at 10:00 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Edward G. Merritt M.D.
ADDRESS Gambrills Md
DATE SIGNED 5-5-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5-9-54
NAME OF CEMETERY OR CREMATORY John Wesley
LOCATION (City, town, or county) Waterbury, Md. (State)

DATE REC'D BY LOCAL REGISTRAR May 8, 1954 May 11-1954
REGISTRAR'S SIGNATURE K. M. Jyke
24. FUNERAL DIRECTOR William Reese III - 108 Washington St. Annapolis, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 13 1954
BUREAU V.S.

4236 **MARYLAND STATE DEPARTMENT OF HEALTH** 04221

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shore Acres
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Forrest Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A.A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shore Acres
STREET ADDRESS (If rural, give location) Forrest Drive

3. NAME OF DECEASED (Type or Print) (First) Spencer (Middle) C. (Last) Jones
4. DATE OF DEATH Sat. (Month) May (Day) 22 (Year) 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb. 23-1887
9. AGE last birthday 67 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baking Mach Opt - Foreman Pt.
10b. KIND OF BUSINESS OR INDUSTRY Baking
11. BIRTHPLACE (State or foreign country) Queen Anne's Co., Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Jones
14. MOTHER'S MAIDEN NAME Louise Cummings
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 216-01-3938A
17. INFORMANT AND ADDRESS Mrs. Lenora P. Jones (Wife) Shore Acres

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Lefhutes	2 Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) First degree burns of both legs + thighs	
	(c)	Dec. 1953

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 2/21/54
19b. MAJOR FINDINGS OF OPERATION Skin Grafting of both legs + thighs
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) At Home, (CITY OR TOWN) Shore Acres (COUNTY) A.A. Co. (STATE) Md
TIME OF INJURY (Month) 12 (Day) 19 (Year) 53 (Hour) 2 P.M.
INJURY OCCURRED While at Work ☐ Not While At work ☑
HOW DID INJURY OCCUR? Accidently burnt at Home.

22. I hereby certify that I attended the deceased from 12/19, 1953, to 5/22, 1954, that I last saw the deceased alive on 5/22, 1954, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

SIGNATURE Albert Anderson (Degree or title) MD ADDRESS Annapolis, Md DATE SIGNED 5/23/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Wed May 26, 1954
NAME OF CEMETERY OR CREMATORY Trinity Cem
LOCATION (City, town, or county) (State) Balto Md.
DATE REC'D BY LOCAL REG. 5/24/54
REGISTRAR'S SIGNATURE R.W. Hedrick
24. FUNERAL DIRECTOR G. Howard Evans ADDRESS
Omer 14005 Charles St Balto 30 Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Film#G166 Item# 9
5/17/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

4237

04247

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Marley
LENGTH OF STAY (in this place) 4 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 25 Annapolis Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marley
STREET ADDRESS (If rural, give location) 25 Annapolis Blvd.

3. NAME OF DECEASED: (Type or Print) (First) ANNIE (Middle) C. (Last) KANE

4. DATE OF DEATH: (Month) May (Day) 5 (Year) 19 54

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 3 1863

9. AGE last birthday 90 91 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Newark N.J.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Leddy

14. MOTHER'S MAIDEN NAME: Bridget Kelley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) na

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs. John K.B. Ginder Seattle Wash.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 422.1

Immediate cause (a) Arteriosclerotic Cardio Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arteriosclerosis general

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/14, 1950, to 5/6, 1954, that I last saw the deceased alive on 4/28, 1954, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Bobby L. Jones MD Glen Burnie Md 5/5/54

25. BURIAL, CREMATION, REMOVAL (Specify): | **DATE THEREOF** 5-8-54 | **NAME OF CEMETERY OR CREMATORY** U.S. Naval Academy | **LOCATION** (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REG. May 6, 1954 (May 10, 1954) | **REGISTRAR'S SIGNATURE** L.J. D'Alba. | **24. FUNERAL DIRECTOR** John M. Taylor Son ADDRESS Annapolis Md.

RECEIVED
MAY 11 1954
BUREAU V[illegible] S[illegible]

4205

04222

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A A
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 108 Market St.

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) Lee (Last) Kries
4. DATE OF DEATH (Month) 5 (Day) 12 (Year) 19 54
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Sept 29-1889
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Comptroller State Dept Public Bldgs
10b. KIND OF BUSINESS OR INDUSTRY: Md.
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: J. Frank Kries
14. MOTHER'S MAIDEN NAME: Sofa Potte
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: 108 Market St Grace M. Kries Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Disease DUE TO — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.), INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ M. D. DATE SIGNED 5/12/54

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF 5-14-54 NAME OF CEMETERY OR CREMATORY London Park LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. May 14, 1954 REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR John M. Layton Sons ADDRESS Annapolis Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED
MAY 1
BUREAU V. S.

4207 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04223

Item 7 film G166 6/4/54 cm

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A. A. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis 10
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY A. A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis 10 Md
STREET ADDRESS (If rural give location) 194 Gloucester St.

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) V. (Last) Lewis
4. DATE OF DEATH: (Month) 5 (Day) 18 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Mar 9th 1884
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Butcher
10b. KIND OF BUSINESS OR INDUSTRY: Butcher
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Jim Lewis
14. MOTHER'S MAIDEN NAME: Eva Neal

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: 167 Balto Ave Lewis S. Nippard Sr. Lansdowne 27 Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocarditis Myocardial Insufficiency — Interval Between Onset And Death 1 Year

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Heart Disease — Unknown

DUE TO

(c) with Generalized Arteriosclerosis

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchiectasis — Several Years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-1, 1954, to 5-18, 1954, that I last saw the deceased alive on 5-18, 1954, and that death occurred at 10 P.M., from the causes and on the date stated above.

SIGNATURE George C Basil (Degree or title) M. D. ADDRESS Annapolis Md DATE SIGNED 5-20-54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 5-21-54 NAME OF CEMETERY OR CREMATORY Mt Olivet LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REGISTRAR May 20, 1954 REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MAY 21 1954
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4238

Item 8 film G166 6/2/54 cm

CERTIFICATE OF DEATH

04224

Reg. Dist. No. 27

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Mulberry Hill
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mulberry Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) (Last) Little

4. DATE OF DEATH: (Month) May (Day) 23 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: June 30 1886

9. AGE last birthday: 67 68 yrs. IF UNDER 1 YEAR: Months 11 Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): A. A. Co. Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jerma Little

14. MOTHER'S MAIDEN NAME: Henretta Stepney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Jeanetta Little.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Myo Cardial Failure

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteri Sclerosis

DUE TO

(c)

Interval Between Onset And Death: 9 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 17, 1954 to May 23, 1954, that I last saw the deceased alive on May 23, 1954, and that death occurred at 10:40 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) M D ADDRESS Annapolis Md DATE SIGNED 6/25/54

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial

DATE THEREOF May 26, 1954

NAME OF CEMETERY OR CREMATORY Broadneck

LOCATION (City, town, or county) Skidmore A. A. Co. (State) Md

DATE REC'D BY LOCAL REGISTRAR May 26, 1954

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR J. B. Johnson

ADDRESS Annapolis, Md

VS. A15

RECEIVED
MAY 27 1954
BUREAU V. S.

4208

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04248

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A. A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
STREET ADDRESS (If rural give location) 429 Second St.

3. NAME OF DECEASED: (Type or Print) (First) Jacob (Middle) G. (Last) Meiser

4. DATE OF DEATH: (Month) 5 (Day) 31 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feby 4-1881
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Ret. Foreman
10b. KIND OF BUSINESS OR INDUSTRY: C & P. Tel Co
11. BIRTHPLACE (State or foreign country): Baltimore Co
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob George Meiser
14. MOTHER'S MAIDEN NAME: Caroline Meeth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Taylor Meiser Annapolis Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

570.2

Immediate cause (a) Mesenteric Thrombosis — Interval Between Onset And Death: 20 days

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 11, 1954, to May 31, 1954, that I last saw the deceased alive on May 31, 1954, and that death occurred at 4.41 A.M., from the causes and on the date stated above.

SIGNATURE E. Kimmelott (Degree or title) MD ADDRESS Annapolis Md DATE SIGNED 6/1/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 6-2-54 NAME OF CEMETERY OR CREMATORY Cedar Bluff LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REGISTRAR June 2, 1954 REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 4 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4239

CERTIFICATE OF DEATH

05174

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bayside Beach
LENGTH OF STAY (in this place) 14 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lake Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bayside Beach
STREET ADDRESS (If rural give location) Lake Road

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Corry (Last) Milliken

4. DATE OF DEATH: (Month) May (Day) 31 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 26 1877

9. AGE last birthday: 76 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): (RET) Food Broker

10b. KIND OF BUSINESS OR INDUSTRY: Merchandise

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Hugh Milliken

14. MOTHER'S MAIDEN NAME: Grace Child Kirk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 212-01-4414

17. INFORMANT & ADDRESS: Helen Milliken Bayside Beach, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause — (a) Coronary Thrombosis — Interval Between Onset And Death: 6 weeks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Arteriosclerotic Cardio-Vascular Disease — 10 years.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1946, to May 31, 1954, that I last saw the deceased alive on May 29, 1954, and that death occurred at 3:15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) G. Brady Smith M.D. — ADDRESS Riviera Beach Md. — DATE SIGNED 5/31/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 6-2-54 — NAME OF CEMETERY OR CREMATORY Glen Haven — LOCATION (City, town, or county) (State) Anne Arundel Co. Md.

DATE REC'D BY LOCAL REGISTRAR 6/1/54 — REGISTRAR'S SIGNATURE L. J. DeAlba

24. FUNERAL DIRECTOR George A. Farley — ADDRESS Catonsville, Md.

VS. A15

RECEIVED
JUN 7 19..
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05176

4240 CERTIFICATE OF DEATH Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Fort George G. Meade
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 605 N. St. Charles St.

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) H. (Last) Morgareth

4. DATE OF DEATH: (Month) May (Day) 30 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan 13, 1879

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Soldier

10b. KIND OF BUSINESS OR INDUSTRY: U. S. Army

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Morgareth

14. MOTHER'S MAIDEN NAME: Lena Schmidt

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 1918-1954

16. SOCIAL SECURITY No: none

17. INFORMANT & ADDRESS: Wife: Mrs. Hester Morgareth, 605 N. St. Charles St., Balto., Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Bilateral bronchopneumonia	8 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Evisceration of operative wound	1 month
	DUE TO (c) Chronic calculous cholecystitis	1 month
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Myocarditis, n.e.c.	1 month

19a. DATE OF OPERATION: 30 Apr 54

19b. MAJOR FINDINGS OF OPERATION: Cholecystectomy, and appendectomy

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 Apr., 1954, to 30 May, 1954, that I last saw the deceased alive on 30 May, 1954, and that death occurred at 0945, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] M. D. Fort George G. Meade, Maryland 31 May 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 2 June 1954

NAME OF CEMETERY OR CREMATORY National Cemetery

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 1 June 1954

REGISTRAR'S SIGNATURE T. A. Gordon 2nd USA

24. FUNERAL DIRECTOR L. J. Ruck, 5305 Harford Rd., ADDRESS Baltimore, Md.

VS. A15

RECEIVED
JUN 7 1954
BUREAU V. S.

4241 **MARYLAND STATE DEPARTMENT OF HEALTH** 04225

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A. A. County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severna Park
LENGTH OF STAY (In this place) 3 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS at home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Severna Park COUNTY A. A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severna Park.
STREET ADDRESS (If rural, give location) Riverdale

3. NAME OF DECEASED (Type or Print) (First) Russell (Middle) Lionel (Last) Pampsell
4. DATE OF DEATH (Month) May (Day) 20 (Year) 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 3/28/94
9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steel worker
10b. KIND OF BUSINESS OR INDUSTRY Steel
11. BIRTHPLACE (State or foreign country) Frederick, Md.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Jerome E. Pampsell
14. MOTHER'S MAIDEN NAME Arianne Morgan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. 218-05-4154
17. INFORMANT W. E. Worthman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Generalized arteriosclerosis	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral thrombosis	4 wks.
	(c) Congestive heart failure	2 mos.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1954, to May, 1954, that I last saw the deceased alive on May 20, 1954, and that death occurred at 2 45 A.m., from the causes and on the date stated above.

SIGNATURE General Taylor (Degree or title) M.D. ADDRESS Severna Park Md DATE SIGNED May 20 54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/22/54
NAME OF CEMETERY OR CREMATORY Lorraine
LOCATION (City, town, or county) (State) Woodlawn

DATE REC'D BY LOCAL REG. 5-21-54
REGISTRAR'S SIGNATURE A W Heard
24. FUNERAL DIRECTOR Freeman Moreno Co. ADDRESS Balto Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND 4242

04226

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville X — LENGTH OF STAY (in this place) 2 yrs. 27 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 506 E. Davis Street ✓

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) (Last) Peters
4. DATE OF DEATH: (Month) 5 (Day) 25 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 1882?
9. AGE last birthday: 74? yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Unk.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: James Morris
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unk. (If year, give war or dates of service): Unk.
16. SOCIAL SECURITY NO.: Unk.
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a)..... Chronic Myocarditis — Interval between onset and death: Known to us since 4/28/52

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)..... Generalized Arteriosclerosis — Interval: " "

(c).....

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/1, 19 53, to 5/25, 19 54, that I last saw the deceased alive on 5/25, 19 54, and that death occurred at 8:15a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Arwed W. Eichert, M.D. — ADDRESS Crownsville, Md. — DATE SIGNED 5/25/54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE 6/1/54 — NAME OF CEMETERY OR CREMATORY: University Med. School — LOCATION (City, town, or county) Baltimore City — (State) Md

DATE RECD BY LOCAL REG. 6/1/54 — REGISTRAR'S SIGNATURE Katherine M. Joyce — 24. FUNERAL DIRECTOR Frances G. Hems — ADDRESS 578 N. Biddle St

E. J. Abbott

MARGIN RESERVED FOR BINDING

M

I

RECEIVED
JUN 3 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04227

4243

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sunset Beach
LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Granada Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A. A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sunset Beach
STREET ADDRESS (If rural give location) Granada Road

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) MARGARET SLIWINSKI

4. DATE OF DEATH: (Month) (Day) (Year) May 24 1954

5. SEX: F
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, ~~WIDOWED~~ DIVORCED, (Specify):
8. DATE OF BIRTH: May 1871
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): POLAND
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT & ADDRESS: HENRY SLIWINSKI – SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CEREBRAL HEMORRHAGE — Interval Between Onset And Death: 5 DAYS

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ARTERIOSCLEROSIC CARDIOVASCULAR DISEASE — 10 YRS

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: N
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/19, 1954, to 5/24, 1954, that I last saw the deceased alive on 5/22, 1954, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

SIGNATURE J. Brady Smith (Degree or title) M.D
ADDRESS Riviera Beach MD
DATE SIGNED 5/24/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 26/54
NAME OF CEMETERY OR CREMATORY St Stanislaus
LOCATION (City, town, or county) (State) Baltimore

DATE REC'D BY LOCAL REGISTRAR 24-54
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Fred W. Ozazewski
ADDRESS 1930 Eastern Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4244 04228

CERTIFICATE OF DEATH

Reg. Dist. No. 27

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort George G. Meade X
LENGTH OF STAY (in this place) 9 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fort George G. Meade

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Iowa — COUNTY O'Brien
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Primghar
STREET ADDRESS (If rural give location) Box 234

3. NAME OF DECEASED: (Type or Print) (First) Darrell (Middle) Paul (Last) Smith

4. DATE OF DEATH: (Month) May (Day) 8 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8 May 1954

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours 9 — Min. 10

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Darrell Lloyd Smith

14. MOTHER'S MAIDEN NAME: Rosemarie C. Englert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Rosemarie C. Smith (mother 1721-A Forrest Ave. Ft. Meade, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

776.X

Immediate cause (a) Prematurity — 9hrs 10 min

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Twin delivery II

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....,19...., to ....,19...., that I last saw the deceased alive on 8 May, 19 54, and that death occurred at 9:20 pm, from the causes and on the date stated above.

SIGNATURE LADISLAV STEFAN, M.D. (Degree or title) CAPT MC ADDRESS Fort George G. Meade, Md. DATE SIGNED 8 May 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 11 May 54

NAME OF CEMETERY OR CREMATORY Fort George G. Meade

LOCATION (City, town, or county) (State) Ft. Geo. G. Meade, Maryland

DATE REC'D BY LOCAL REGISTRAR 11 May 54

REGISTRAR'S SIGNATURE T. A. GORDON CWO USA

24. FUNERAL DIRECTOR GUY A. RITTER ADDRESS Fort George G. Meade, Md.

VS. A15

21542-2210

RECEIVED
MAY 13 1954
BUREAU V. S.

Item 18 Film G166 5/21/54 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04229

4209

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Herald Harbor
STREET ADDRESS (If rural give location) Crownsville P.O

3. NAME OF DECEASED: (Type or Print) (First) JESSIE (Middle) MAE (Last) SMITH

4. DATE OF DEATH: (Month) May 7, (Day) 1954 (Year) 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: May 7, 1954

9. AGE last birthday: ---yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 45

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): ------

10b. KIND OF BUSINESS OR INDUSTRY: ------

11. BIRTHPLACE (State or foreign country): Annapolis, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Donald M. Smith

14. MOTHER'S MAIDEN NAME: Jessie Mae Sweeney

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ----- (If Yes, give war or dates of service) -----

16. SOCIAL SECURITY NO.: -------

17. INFORMANT & ADDRESS: Donald M. Smith- Father- same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.0

Immediate cause (a) NeoNatal Asphyxia

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-7, 1954, to 5-7, 1954, that I last saw the deceased alive on 5-7, 1954 and that death occurred at 9:25 P.M. from the causes and on the date stated above.

SIGNATURE Edward G. Merritt (Degree or title) M.D. ADDRESS Gambrills Md DATE SIGNED 5-7-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF May 10, 54

NAME OF CEMETERY OR CREMATORY St. Barnabas Cemet.

LOCATION (City, town, or county) (State) Prince George County, Md.

DATE REC'D BY LOCAL REGISTRAR May 10, 1954

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Ben L. Hopping and Son ADDRESS Annapolis, Md.

2054292424

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 14 1954
BUREAU V. S.

04230

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4245

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: Sunset Knoll - Pasadena P.O.
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadena P.O.
LENGTH OF STAY (in this place) 5 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS — X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Same COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pasadena P.O.
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Julia (Middle) Mary (Last) Smith

4. DATE OF DEATH: (Month) May (Day) 16 (Year) 1954.

5. SEX: Female
6. COLOR OR RACE: Wtch
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Aug 25, 1866
9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House wife.
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Baltimore. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William J. Laragy.
14. MOTHER'S MAIDEN NAME: Elizabeth Keenan.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Miss Myrtle H. Smith - Pasadena. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio Vascular Disease
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) —
DUE TO
(c)

Interval Between Onset And Death 5 years.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: None.
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) 200 m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan, 1954, to May 16, 1954, that I last saw the deceased alive on May 15, 1954, and that death occurred at 10 A.M., from the causes and on the date stated above.
SIGNATURE James S. Billingsley (Degree or title) M.D. ADDRESS 108 Central Ave Glen Burnie Md DATE SIGNED May 16, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial.
DATE THEREOF 5/19/54
NAME OF CEMETERY OR CREMATORY New Cathedral
LOCATION (City, town, or county) Balto (State) Md
DATE REC'D BY LOCAL REGISTRAR 5-17-54
REGISTRAR'S SIGNATURE A W Hedrick
24. FUNERAL DIRECTOR Leonard J Kuck ADDRESS 5305 Harford

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04231

4246 CERTIFICATE OF DEATH Reg. Dist. No. 27

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort George G. Meade
LENGTH OF STAY (in this place) 9 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fort George G. Meade

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Iowa COUNTY O'brien
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Primghar
STREET ADDRESS (If rural give location) Box 234

3. NAME OF DECEASED: (Type or Print) (First) Roger (Middle) Duane (Last) Smith
4. DATE OF DEATH: (Month) May (Day) 8 (Year) 19 54

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 8 May 1954
9. AGE Last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours 9 Min. 30

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): -
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Darrel Lloyd Smith
14. MOTHER'S MAIDEN NAME: Rosemarie C. Englert

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) -
(If Yes, give war or dates of service) -
16. SOCIAL SECURITY No.: -
17. INFORMANT & ADDRESS: Rosemarie Smith (Mother) 1721-A Forrest Ave. Ft. Meade, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity — Interval Between Onset And Death: 9 hrs. 30 m

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Twin delivery I

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ...., 19 ...., to ...., 19 ...., that I last saw the deceased alive on 8 May, 1954, and that death occurred at 9:20 pm, from the causes and on the date stated above.
SIGNATURE (Degree or title) LADISLAV STEFAN CAPT MC
ADDRESS Fort George G. Meade, Md.
DATE SIGNED 8 May 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11 May 1954
NAME OF CEMETERY OR CREMATORY Ft. Geo. G. Meade,
LOCATION (City, town, or county) Ft Geo G Meade, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 11 May 54
REGISTRAR'S SIGNATURE T. A. GORDON CWO USA
24. FUNERAL DIRECTOR GUY A. RITTER
ADDRESS Ft. Geo G Meade, Md.

2154231260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 13 1954
BUREAU V. S.

4247 MARYLAND STATE DEPARTMENT OF HEALTH 04232

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 23

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Carrollton | LENGTH OF STAY (In this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kirkwood Hospital Ft Lincoln Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 5004 Queensbury Rd.

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) August (Last) Jones
4. DATE OF DEATH (Month) May (Day) 25 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	9/30/98	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Baltimore Md.	U.S.A.

13. FATHER'S NAME (First) (Middle) (Last) Thomas Jones
14. MOTHER'S MAIDEN NAME Elizabeth Saunders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Edna Widrock (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	1 month
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Deputy Chief Coroner	Hyattsville, Md.	5/25/54

BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-28-54	Cedar Hill Cem.	A A Co

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-27-54	C.W. Hudson Deputy	Bernard E. Hurle	121 E West St

VS. A16A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04233

4248 CERTIFICATE OF DEATH Reg. Dist. No. ... ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY ANNE ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RIVIERA BEACH, | LENGTH OF STAY (in this place) 30 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS BAY ROAD & CARVEL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RIVIERA BEACH
STREET ADDRESS (If rural give location) BAY ROAD & CARVEL

3. NAME OF DECEASED: (Type or Print) (First) BLANCHE (Middle) NAMUTH (Last) STADIGER

4. DATE OF DEATH: (Month) MAY (Day) 30 (Year) 1954

5. SEX: FEMALE | 6. COLOR OR RACE: WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED | 8. DATE OF BIRTH: 12-11-71 | 9. AGE Last birthday: 82 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): HOUSEWIFE | 10b. KIND OF BUSINESS OR INDUSTRY: HOME | 11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? | 14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: NORMAN STADIGER - RIVIERA BEACH, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARCINOMA COLON — Interval Between Onset And Death: 2 YEARS

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE — 10 YEARS

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ? | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APRIL ..., 1946, to MAY 30, 1954, that I last saw the deceased alive on MAY 29, 1954, and that death occurred at 11:50 P.M., from the causes and on the date stated above.

SIGNATURE J. Brady Smith (Degree or title) M.D. ADDRESS RIVIERA BEACH, MD DATE SIGNED 5/31/54

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 6/3/54 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) (State) Balto

DATE REC'D BY LOCAL REGISTRAR 6-2-54 | REGISTRAR'S SIGNATURE A.W. Hedrick | 24. FUNERAL DIRECTOR J. E. Lee Foster & Son G. Foster | ADDRESS

VS. A15

4249 MARYLAND STATE DEPARTMENT OF HEALTH 04234 NC

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 23

1. PLACE OF DEATH: COUNTY Ann County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Geneburn
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY A.A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Geneburn Md
STREET ADDRESS (If rural, give location) Box 215 Geneburn Md

3. NAME OF DECEASED (Type or Print) (First) Richard. (Middle) (Last) Swett.
4. DATE OF DEATH (Month) 5 (Day) 17 (Year) 1954

5. SEX M
6. COLOR OR RACE Colored.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH April 2, 31
9. AGE last birthday 23 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter
10b. KIND OF BUSINESS OR INDUSTRY Food Train
11. BIRTHPLACE (State or foreign country) A. A. Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Richard Swett
14. MOTHER'S MAIDEN NAME Hilda Mathews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Hilda Swett Pasadena Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fracture-Cervical-Spine-c Cord. injury. — INTERVAL BETWEEN ONSET AND DEATH 15 hours.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Larrs. Beach.
(CITY OR TOWN) (COUNTY) Anne Arundel. (STATE) MD
TIME OF INJURY (Month) May (Day) 16 (Year) 54 (Hour) P m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Diving-into-shallow-water.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE E. Linhardt. (Degree or title) MS. ADDRESS Annapolis, Maryland DATE SIGNED 5/17/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/20/54
NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.
LOCATION (City, town, or county) Brooklyn Md (State)

DATE REC'D BY LOCAL REG. 5-18-54
REGISTRAR'S SIGNATURE C. A. W. Hedrick
24. FUNERAL DIRECTOR Elroy O. Wilson 1000 Beantley Ave

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

4210

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04235

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A.A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Md
STREET ADDRESS (If rural give location) 49 Southgate Ave

3. NAME OF DECEASED: (Type or Print) First: Flora (Middle) M. (Last) Taylor

4. DATE OF DEATH: (Month) 5 (Day) 22 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: Apr. 5th 1883

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Annapolis Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Joseph H. Jewell

14. MOTHER'S MAIDEN NAME: Alice V. Coulter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs M. Alcade Sales 49 Southgate Ave Annapolis Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Cerebral Hemorrhage with — 3 wks.

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Rt Hemiplegia — DUE TO (c) Arterio Sclerosis Generalized — Quite years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1954, to May 22, 1954, that I last saw the deceased alive on May 22, 1954, and that death occurred at 10:20 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) George C Bard M.D ADDRESS Annapolis Md DATE SIGNED 5-25-54

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 5-25-54 — NAME OF CEMETERY OR CREMATORY St Annes — LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REGISTRAR May 25, 1954 — REGISTRAR'S SIGNATURE J. French

24. FUNERAL DIRECTOR John M. Taylor Sons — ADDRESS Annapolis Md.

RECEIVED
MAY 2[illegible]
BUREAU V. S.

4211 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04236

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis, 10
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY AA
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis, Maryland
STREET ADDRESS (If rural give location) 511 Chester Avenue

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Gibson (Last) Taylor
4. DATE OF DEATH: (Month) May (Day) 1 (Year) 1954

5. SEX: M
6. COLOR OR RACE: Cauc.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: 16 Sept. 1880
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): USA
10b. KIND OF BUSINESS OR INDUSTRY: Ret
11. BIRTHPLACE (State or foreign country): South Dakota
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Col. James Gibson Taylor
14. MOTHER'S MAIDEN NAME: Carrie Peters Taylor

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 1893-1926
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

150 X

Immediate cause (a) Inanition, Nutritional difficulty 772

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Lobular Pneumonia

DUE TO

(c) Carcinoma esophegus

Interval Between Onset And Death: Indef

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-28-54, 19 , to 5-1-54, 19 , that I last saw the deceased alive on 5-1-54, 19 , and that death occurred at 2325, from the causes and on the date stated above.

SIGNATURE Robert. Hoxon (Degree or title) LtCdrMC USN ADDRESS USNH, Annapolis, Md. DATE SIGNED 5-2-54

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) DATE THEREOF 5-4-54 NAME OF CEMETERY OR CREMATORY Arlington National LOCATION (City, town, or county) Arlington (State) Va

DATE REC'D BY LOCAL REGISTRAR April 4, 1954 REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4212 04237

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A A
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
STREET ADDRESS (If rural give location) 1005 Jackson St

3. NAME OF DECEASED: (Type or Print) (First) ROY (Middle) W. (Last) TOPPING

4. DATE OF DEATH: (Month) 5 (Day) 15 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: July 3-1881
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life even if retired: Joiner N.S.N. Expansion Sidgn
10b. KIND OF BUSINESS OR INDUSTRY: JOINER
11. BIRTHPLACE (State or foreign country): Brooklyn Va
12. CITIZEN OF WHAT COUNTRY? N.S.A.

13. FATHER'S NAME: Benjamin Topping
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Ella May Topping 1005 Jackson St Annapolis Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: 5 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Heart Disease — unknown

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Fibrosis — unknown

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December 1952, to April 15, 1954, that I last saw the deceased alive on 15 apr., 1954, and that death occurred at 2:30 AM, from the causes and on the date stated above.

SIGNATURE Edward S. Beck (Degree or title) MD ADDRESS 41 Southgate Ave Annapolis DATE SIGNED 5-15-54

23. BURIAL, ~~CREMATION, REMOVAL~~ (Specify) DATE THEREOF 5-18-54 NAME OF CEMETERY OR CREMATORY Cedar Bluff LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REGISTRAR May 17, 1954 REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 21
BUREAU V. S.

4250 MARYLAND STATE DEPARTMENT OF HEALTH

04238

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn Park — LENGTH OF STAY (In this place) 9 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 220 Edgevale Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY Smith
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHILHOWIE
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Robert (Last) Hope
4. DATE OF DEATH: (Month) May (Day) 24 (Year) 1954

5. SEX: M.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 11/9/93
9. AGE last birthday: 60 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): CHILHOWIE - Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Newton Hope
14. MOTHER'S MAIDEN NAME: Caroline Haynes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 228-01-7407
17. INFORMANT AND ADDRESS: Mrs. Carrie Hope / Brother

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — Sudden

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Diabetes — ?
(c) Arthritis — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
William Robert Hope M.D. Deputy Medical Examiner — Glen Burnie, Md. — 5/24/54

BURIAL, CREMATION OR REMOVAL (Specify) Burial — DATE THEREOF 5-28-54 — NAME OF CEMETERY OR CREMATORY Chilhowie — LOCATION (City, town, or county) Chilhowie (State) Va.

DATE REC'D BY LOCAL REG. 5-25-54 — REGISTRAR'S SIGNATURE — 23. FUNERAL DIRECTOR — ADDRESS
J. E. Lemon, 305 E. Foat Ave

Pros, 6.78 K/

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4213

CERTIFICATE OF DEATH

04239 Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pasadena
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Helen (Middle) V. (Last) Utterback
4. DATE OF DEATH: (Month) May (Day) 25 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: January 14, 1887
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Bowie, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Benjamin Hicks
14. MOTHER'S MAIDEN NAME: Alice Grady
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Charles E. Loizear 605 - Thayer Ave. Silver Springs, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Broncho-pneumonia — Interval Between Onset And Death: 4 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus, Nephrosclerosis

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1954, to May, 1954, that I last saw the deceased alive on 25 May, 1954, and that death occurred at 10.12 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Edwards L. Beck MD — ADDRESS 71 Southgate Ave Annapolis — DATE SIGNED 5/26/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF May 28, 1954 — NAME OF CEMETERY OR CREMATORY Baltimore Nat'l Cem. — LOCATION (City, town, or county) Baltimore, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR May 27 1954 — REGISTRAR'S SIGNATURE Wm J. French mmb. — 24. FUNERAL DIRECTOR T. F. Singleton — ADDRESS Glen Burnie, Md.

E. J. De Alba

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

MARYLAND 4214

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STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH
COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
MARYLAND — LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Defence Highway

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural RFD Annapolis
STREET ADDRESS (If rural, give location): Defence Highway

3. NAME OF DECEASED (Type or Print): (First) DR. HARRY (Middle) ROY (Last) WEAKLEY DVS

4. DATE OF DEATH: (Month) MAY (Day) 26, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 5, 1885

9. AGE last birthday: 69 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Veterinarian

10b. KIND OF BUSINESS OR INDUSTRY: Dog and Cat Hospital

11. BIRTHPLACE (State or foreign country): Baltimore, County, Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John D. Weakley

14. MOTHER'S MAIDEN NAME: Alverta Swift

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ____ (If year, give war or dates of service): _____

16. SOCIAL SECURITY NO.: ------

17. INFORMANT AND ADDRESS: Mrs. Emma T. Weakley Wife same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: 2 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Vascular Disease — Interval between onset and death: Unknown years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis Generalized — Interval between onset and death: Unknown years

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-24, 1954, to 5-26, 1954, that I last saw the deceased alive on 5-26, 1954, and that death occurred at 3 4 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
George C Basil M.D Annapolis Md 5.27.54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: May 29, 54
NAME OF CEMETERY OR CREMATORY: St. Stephens Cemetery
LOCATION (City, town, or county) (State): Chesterfield, A.A. Co., Md.

DATE REC'D BY LOCAL REG.: May 28, 1954
REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR ADDRESS: Ben L. Hopping and Son Annapolis, Md.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 1 1954
BUREAU V. S.

4215

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 21

1. PLACE OF DEATH:
COUNTY ANNE ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 21 Monument St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ANNE ARUNDEL
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN ANNAPOLIS
STREET ADDRESS (If rural, give location) 21 MONUMENT ST

3. NAME OF DECEASED: (Type or Print) (First) HENERY (Middle) (Last) WHITE

4. DATE OF DEATH (Month) MAY (Day) 30 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	COLORED	U		58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
UNKNOWN		UNKNOWN	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
UNKNOWN	UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
UNKNOWN		UNKNOWN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CARCINOMA OF THE PROSTATE	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. ACUTE ALCOHOLISM

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
5. 29. 54. 11 P.M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. J. Fisher M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	7/9/54	U. of Md. Med. School	Baltimore 1, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
7/2/54	Wm. J. French, M.D.	The Anatomy Board of Maryland M. Christie, Secy.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

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JUL 23 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04242

4216

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis | LENGTH OF STAY (in this place) 5 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS South River Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural give location) South River Rd.

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) (Last) Williams

4. DATE OF DEATH: (Month) 5 (Day) 15 (Year) 1954

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 11-19-1903

9. AGE last birthday: 50 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Benjamin Williams

14. MOTHER'S MAIDEN NAME: Carrie Johnson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) unknown

16. SOCIAL SECURITY No.: unknown

17. INFORMANT & ADDRESS: Carrie Hopkins (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Myocardial Infarction — Interval Between Onset And Death: 5 days.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: Arteriosclerotic cardiovasc. Dis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 0 | 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — | (CITY OR TOWN) — | (COUNTY) — | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 3-25, 1954, to 5-15, 1954, that I last saw the deceased alive on 5-14, 1954, and that death occurred at 7:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Fred W. Allen M.D. | ADDRESS 10 Carroll | DATE SIGNED 5-17-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 5-17-54 | NAME OF CEMETERY OR CREMATORY Davidsonville | LOCATION (City, town, or county) (State) Davidsonville, Md.

DATE REC'D BY LOCAL REGISTRAR May 18, 1954 | REGISTRAR'S SIGNATURE J. O'Donnell | 24. FUNERAL DIRECTOR William Reese II-108 N. Washington St. Annapolis, Md. | ADDRESS

VS. A15

1954
BUREAU V. S.

Dr Linhard

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04243

4217 CERTIFICATE OF DEATH Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY A A. MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. G. General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS 504 Par~~k~~ (Number if known) ~~400 Hoyle~~ Ave.

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) B. (Last) Williams

4. DATE OF DEATH: (Month) 5 (Day) 18 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov 29-1900

9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Stockman

10b. KIND OF BUSINESS OR INDUSTRY: Boat Bld. Stockman

11. BIRTHPLACE (State or foreign country): Eastport Md

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Thomas Williams

14. MOTHER'S MAIDEN NAME: Margaret A. Brangell

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: William Thomas Williams Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary disease DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: One hr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Hypertension Arteriosclerosis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1950, to May 18, 1954, that I last saw the deceased alive on 5-18, 1954, and that death occurred at 7 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) MD ADDRESS Annapolis Md DATE SIGNED 5/19/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 5-20-54 NAME OF CEMETERY OR CREMATORY Hill Crest LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REGISTRAR May 20, 1954 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR John W. Sayler Sons ADDRESS Annapolis Md.

I MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 21 1954
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04244

4218

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY AA
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Md.
STREET ADDRESS (If rural give location) 422 Third

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) C. (Last) Wisenauer
4. DATE OF DEATH: (Month) 5 (Day) 7 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowa
8. DATE OF BIRTH: 5-9-1882
9. AGE last birthday: 71 7/12 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rep. Glass Blower
10b. KIND OF BUSINESS OR INDUSTRY: Glass Blower
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Wisenauer
14. MOTHER'S MAIDEN NAME: Dora Myer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Royston L. Harrison 422 Third St. Annapolis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Coronary occlusion — Interval Between Onset And Death: 1/4 hrs.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) arteriosclerotic cardiovascular renal disease c decompensation — 8 yrs

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: C
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to May 7, 1954, that I last saw the deceased alive on May 6, 1954, and that death occurred at 11 45/A, from the causes and on the date stated above.
SIGNATURE (Degree or title) S. Borrsuch M.D. ADDRESS Annapolis DATE SIGNED Md 5/7/54

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) DATE THEREOF 5/10/54 NAME OF CEMETERY OR CREMATORY GLEN HAVEN LOCATION (City, town, or county) GLEN BURNIE (State) MD.
DATE REC'D BY LOCAL REGISTRAR May 8, 1954 REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR JOHN M. TAYLOR + SONS ADDRESS ANNAPOLIS MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MAY 14 1954
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4219 **CERTIFICATE OF DEATH** Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis 10 | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 924 Bay Ridge Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A A
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis 10
STREET ADDRESS (If rural give location) 924 Bay Ridge Ave

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) G. (Last) Wood Sr.
4. DATE OF DEATH: (Month) 5 (Day) 8 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 3-27-1870
9. AGE last birthday: 84 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Ret. Stock Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Naval Academy
11. BIRTHPLACE (State or foreign country): Annapolis
12. CITIZEN OF WHAT COUNTRY? N. S. A.
13. FATHER'S NAME: Gustavos Wood
14. MOTHER'S MAIDEN NAME: Elizabeth King
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mabel E. Wood 924 Bay Ridge Annapolis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 Immediate cause (a) Cerebral Hemorrhage with — Interval Between Onset And Death 3 months

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Rt Hemiplegia — since

DUE TO (c) Arteriosclerotic Heart Dis — years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis — Since years

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7th, 1954, to May 8, 1954, that I last saw the deceased alive on 5-4, 1954, and that death occurred at 4 PM, from the causes and on the date stated above.

SIGNATURE George C Basil (Degree or title) M D ADDRESS Annapolis Md DATE SIGNED 5-10-54

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify) | DATE THEREOF 5-11-54 | NAME OF CEMETERY OR CREMATORY Cedar Bluff | LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REGISTRAR May 11, 1954 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 14 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4251 04246

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Green Haven
LENGTH OF STAY (in this place) 25 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5th & Outing Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A. A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural & Green Haven
STREET ADDRESS (If rural give location) 5th & Outing Ave

3. NAME OF DECEASED: (Type or Print) (First) LOUISA (Middle) (Last) YOUNG

4. DATE OF DEATH: (Month) May (Day) 1 (Year) 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb. 2, 1881
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): Balto., Md.
12. CITIZEN OF WHAT COUNTRY? U-S A

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ✓ (If Yes, give war or dates of service) ✓
16. SOCIAL SECURITY No.: ✓
17. INFORMANT & ADDRESS: John Young 5th & Outing Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) CORONARY OCCLUSION — Interval Between Onset And Death: 2 days

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertensive Cardio Vascular Disease — 10 yrs.

DUE TO

(c) Arteriosclerotic Cardio Vascular Disease — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1947, to May 1, 1954 that I last saw the deceased alive on May 1, 1954 and that death occurred at 7:57 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) G. Brady Smith M.D. ADDRESS Riviera Beach, Md. DATE SIGNED 5/1/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5/4/54
NAME OF CEMETERY OR CREMATORY Loudon Park Cem.
LOCATION (City, town, or county) (State) 3801 Frederick Ave

DATE REC'D BY LOCAL REGISTRAR 5-3-54
REGISTRAR'S SIGNATURE A W Hedrick
24. FUNERAL DIRECTOR John J. Cowan & Son ADDRESS 9 Hollins St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15